

**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES**
DIVISION OF QUALITY ASSURANCE
CERTIFICATION BUREAU



BRIAN SCHWEITZER
GOVERNOR

JOAN MILES
DIRECTOR

STATE OF MONTANA

www.dphhs.mt.gov
(406) 444- 2099
FAX: (406) 444-3456

2401 Colonial Drive
2nd Floor
P.O. Box 202953
HELENA, MT 59620-2953

Dear Prospective Home Health Agency Provider:

Home Health Agencies (HHAs) are considered health care facilities in State law; therefore, a Certificate of Need is required before pursuing licensure. The Certificate of Need process begins with a Letter of Intent. Section 37.106.106 of the Administrative Rules of Montana describes the information required in the Letter of Intent. If you have questions regarding this process, please contact the Administrative Officer for the Certificate of Need, Pamela Sourbeer at (406) 444-9519.

The following information and forms are necessary to initiate the licensure and certification process:

- ARM 37.106.101, Certificate of Need
- 42 CFR 484.10-484.55- Federal Guidelines & Regulations
- ARM 37.106.1505 Minimum Standards for Home Health Agencies
- ARM 37.106.301 Minimum Standards for All Health Care Facilities
- Civil Rights Compliance Check list
- CMS 1561, Health Insurance Benefits Agreement (2 copies will be needed)
- Choice of Intermediary
- A Montana State License Application

Important note: The CMS 855 Medicare General Enrollment form must be requested from fiscal intermediary, CAHABA, 1-712-293-5707. Upon receiving your Letter of Intent, the intermediary will be notified of your need for the CMS 855.

The CMS 855 enrollment form and initial capitalization must be approved by the Regional Home Health Intermediary, before an initial survey is conducted. The Regional Home Health Intermediary will notify our office and the Regional Office when your application has been approved.

Please submit your policy and procedure manual to the Quality Assurance Division office for review along with your application for Montana State License and the certification forms. Your policies and procedures should address the enclosed state and federal

regulations. Once we have reviewed and approved your manual, a provisional license will be issued. You may begin seeing patients after you have been issued a provisional license in writing.

A HHA seeking initial certification must apply for State and Federal identification numbers and passwords in order to demonstrate compliance with the OASIS submission requirement prior to Medicare approval. Please contact Albert Niccolucci at 406-444-2099 for assistance with this requirement. Prior to the initial survey, the HHA must demonstrate connectivity to the OASIS State system by:

1. Making a test transmission of any start of care or resumption of care OASIS data that passes CMS edit checks; and
2. Receiving validation reports back from the State confirming transmission of data.

After you have provided home health services to the required number of patients (10) and the state agency has received approval from the Regional Home Health Intermediary, you are ready for a Medicare certification survey. At least 7 of the 10 required patients should be receiving care from the HHA at the time of the initial Medicare survey. Please notify the Certification office in writing when you have provided the required services. If condition deficiencies are found during the survey, the effective date of certification will be the date of deficiency corrections. If deficient standards are identified during the survey, our recommended effective date of certification will be the date an acceptable plan of correction is signed. If no deficiencies are identified, our recommended effective date will be the date of the on-site survey.

After we have completed a survey of your facility, we will forward our recommendation and all documentation pertaining to your application to the Center for Medicare & Medicaid Services (CMS), Division of Health Standards and Quality, Regional Office. That office will review the documents, determine the effective date of your participation in the Medicare program and send you official notification. **Until you receive such notification, Medicare certification is not official. Reimbursement cannot be made for services provided to Medicare beneficiaries prior to the effective date of participation.**

If you have questions regarding the licensing process, please call Roy Kemp, Deputy Administrator at (406) 444-2868. I can be reached at (406) 444-2099 for any questions regarding Medicare certification process.

Sincerely,

Jill Caldwell, RN, MSN
Certification Bureau Chief
Quality Assurance Division